

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AS FILED	
	IND.	DEP.	IND.	DEP.
51			101	151
52			102	152
53			103	153
54			104	154
55			105	155
56			106	156
57			107	157
58			108	158
59			109	159
60			110	160
61			111	161
62			112	162
63			113	163
64			114	164
65			115	165
66			116	166
67			117	167
68			118	168
69			119	169
70			120	170
71			121	171
72			122	172
73			123	173
74			124	174
75			125	175
76			126	176
77			127	177
78			128	
79			129	
80			130	
81			131	
82			132	
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89			139	
90			140	
91			141	
92			142	
93			143	
94			144	
95			145	
96			146	
97			147	
98			148	
99			149	
100			150	
TOTAL IND.				12
TOTAL DEP.				165
TOTAL CLAIMS				177